Challenges of Integrating EMS Data

statewide perspective

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Maryland Institute *for*
Emergency Medical Services Systems

Maryland
Emergency Medical Services

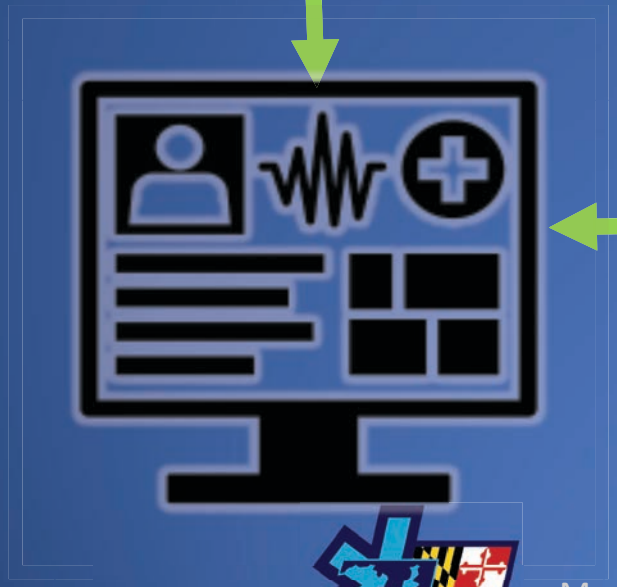
- 24 jurisdictions
- Common statewide electronic patient care record
  - NEMSIS 3.4
  - 24 hour window to complete
  - One patient ≠ One report
- "Short form" used to convey immediate factors

Code of Maryland Regulations 30.03.06

I. Receive from the EMS personnel at time of hand off either the completed eMEDS® report on the Hospital Dashboard or MIEMSS standardized and approved short form;

J. Include in the patient's hospital medical record the downloaded eMEDS® patient care report forms from the eMEDS® Hospital Dashboard /Hub and, when used, the MIEMSS standardized and approved short forms; and

K. Develop and implement a process for linking the MIEMSS-approved Prehospital Consultation/Interventions Radio Report Forms to the radio consult and incorporation into the hospital patient medical record.



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In the EHR

- Media
- "EMS"
- Other

CRISP

Chesapeake Regional Information System for our Patients

Maryland Institute *for* Emergency Medical Services Systems

Overview –Goals

- Provide in-hospital access to pre-hospital care data
- Provide primary care access to pre-hospital care data
- Share clinical data for mobile integrated health programs
- Improve patient safety
- Enhance prehospital care effectiveness
- Provide patient outcomes data to EMS clinicians
- Safe & secure

XML Being Sent to CRISP

```
<ePatient>
  <ePatient.01>c41ce907-80d6-4528-b6fa-da1451b0e1ef</ePatient.01>
  <ePatient.PatientNameGroup>
    <ePatient.02>Cantera</ePatient.02>
    <ePatient.03>Jason</ePatient.03>
    <ePatient.04>Allen</ePatient.04>
  </ePatient.PatientNameGroup>
  <ePatient.05 StreetAddress2="MIEMSS">653 W Pratt Street</ePatient.05>
  <ePatient.06>2390166</ePatient.06>
  <ePatient.07>24015</ePatient.07>
  <ePatient.08>24</ePatient.08>
  <ePatient.09>21921</ePatient.09>
  <ePatient.10>US</ePatient.10>
  <ePatient.13>9906003</ePatient.13>
  <ePatient.14 CorrelationID="aa157219-3682-4a0e-929c-68d8300674a0">2514003
  </ePatient.14>
  <ePatient.AgeGroup>
    <ePatient.15>32</ePatient.15>
    <ePatient.16>2516009</ePatient.16>
  </ePatient.AgeGroup>
  <ePatient.17>[illegible]</ePatient.17>
  <ePatient.18 CorrelationID="8b6c00d1-5849-4fea-b15c-3b799f64839f" PhoneNumberType=
  "9913005">443-750-2541</ePatient.18>
```

134 Data Elements

Maryland Institute for
Emergency Medical Services Systems

Short Form Patient Information Sheet

Jurisdiction: _____ **Date:** _____
Incident # _____ **Time Arrived at Hospital:** _____
Unit #: _____
Age: _____ **DOB:** _____ **Wt:** _____ **Kg** **Gender:** ❑M ❑F
Priority: ❑ 1 ❑ 2 ❑ 3 ❑ 4 **Trauma Category:** ❑ A ❑ B ❑ C ❑ D
Patient's Name: _____
Patient's Address: _____
City: _____ **State:** _____
Point of Contact: _____ **Phone Number:** _____
Chief Complaint: _____
Time of Onset: _____ **Past Medical History: (DNR/MOLST** ❑ **A1** ❑ **A2** ❑ **B)**
Cardiac ❑ **CHF** ❑ **Hypertension** ❑ **Seizure** ❑ **Diabetes** ❑ **COPD** ❑ **Asthma** ❑
Other: _____
Current Meds: _____ _____ _____ _____
_____ _____ _____ _____
Allergies: Latex ❑ **Penicillin/Ceph** ❑ **Sulfa** ❑ **Other:** _____

Assessments

Vitals
Time: _____
Temperature _____
B/P: _____ / _____
Pulse: _____
Respirations: _____
SAO2: _____%
Capnography: _____
Carbon Monoxide: _____

Repeat Vitals
Time: _____
B/P: _____ / _____
Pulse: _____
Respirations: _____
SAO2: _____%
Capnography: _____
Carbon Monoxide: _____

Respiration

Left		Right
❑	Clear	❑
❑	Rales	❑
❑	Labored	❑
❑	Stridor	❑
❑	Rhonchi	❑
❑	Wheezes	❑
❑	Decreased	❑
❑	Agonal	❑
❑	Absent	❑

Skin
❑ Warm
❑ Hot
❑ Cool
❑ Dry
❑ Clammy
❑ Diaphoretic
❑ Cyanotic

Pulse
❑ Regular ❑ Irregular
❑ JVD ❑ Peripheral Edema
Cap Refill: _____ seconds

GCS
Eyes (4): _____
Motor (6): _____
Verbal (5): _____
TOTAL: _____

Pupils
❑ PERRL
❑ Unequal
❑ Fixed/Dilated

Neuro
❑ A ❑ V
❑ P ❑ U

Assessment

Procedures

Cardiac Rhythm:
_____
Perform 12 Lead Yes ❑ No ❑12
Lead Transmit Yes ❑ No ❑
Glucometer:
_____
❑IV1 ❑IV2 Time Started _____
❑IO ❑EJ
Amount Infused:
_____

CPR Performed Yes ❑ No ❑
ROSC Yes ❑ No ❑
Induced Hypothermia Yes ❑ No ❑

Cincinnati Stroke Scale
Normal/Abnormal
Facial Droop Normal ❑ Abnormal ❑
Arm Drift Normal ❑ Abnormal ❑
Speech Normal ❑ Abnormal ❑
Last Known Well Time/Date: _____

Los Angeles Motor Scale (LAMS)

Facial Droop		*Grip Strength*	
Absent	0	Normal	0
Present	1	Weak Grip	1
		No Grip	2

Arm Drift	
Absent	0
Drifts Down	1
Falls Rapidly	2

Score: _____

Oxygen
❑ NRB Mask ❑ King Airway
❑ Nasal Cannula ❑ CPAP
❑ NPA/OPA ❑ NDT
❑ BVM ❑ Ventilator
❑ ET ❑ NT ❑ NGT
❑ Easy Tube

Treatment:

Jurisdictional Additions:

Print Provider Name: _____

rev. 08.29.2018

CRISP Transcription Report

Transcriptions

Download Report

Cantera, Jason Allen [redacted] Male

Flag: General, Low, High | Abnormal: ! Critical: Severe:

Order Info

Order Type	Transcription
Collected On	Aug 6, 2018 12:17:43 PM
Status	Final results; results stored and verified. Can only be changed with a corrected result.
Placer Order Id	01718004725
Filler Order Id	01718004725

Providers On Order

Source Information

Source	Queen Ann EMS
Received On	Sep 12, 2018 6:27:20 PM

Encounter

Admission Type	Source	Class	Attending Providers	Admission Date	Discharge Date	View Details
	Queen Ann EMS	E		Jul 7, 2018 1:00:08 PM		View Encounter Details

HP

Status	Placer Field 1	Placer Field 2	Filler Field 1	Filler Field 2	Reported On
Final results; results stored and verified. Can only be changed with a corrected result.					Sep 12, 2018 5:26:44 PM

Notes

```
Pre-Hospital Patient Care Report Summary
QUEEN ANNE'S COUNTY DEPARTMENT OF EMERGENCY SERVICES
EMS Unit Call Sign: EMS1
Incident Date/Time: 07/07/2018 01:00 PM
Destination Arrival Time: 08/07/2018 01:21 PM
Destination Patient Transfer of Care Time: 08/07/2018 01:21 PM
Call Number: 01718004725
Crew Member ID: 0136335, OtherNonHealthc
Incident Number: CRISP_TESTING_J_CANTERA
Incident Address: 456 North Street, Town of North East, MD 21901
Name: Cantera, Jason Allen
Address: 653 W Pratt Street MIEMSS, Town of Elkton, MD, 21921
Phone: 443-750-2541
Age: 32 Years
D.O.B.: [redacted]
Gender: M
Weight: 210 lbs / 95.3 kg
Initial Patient Acuity: Emergent (Yellow)
Date /Time Last Known Well: 08/05/2018 01:04 PM
Advance Directives: Other Healthcare Advanced Directive Form
Primary Impression: Toxic effect of unspecified gases, fumes and vapors
Secondary Impression:  Epistaxis, Fever, unspecified, Nausea and vomiting
Complaint Reported By Dispatch: Chest Pain (Non-Traumatic)
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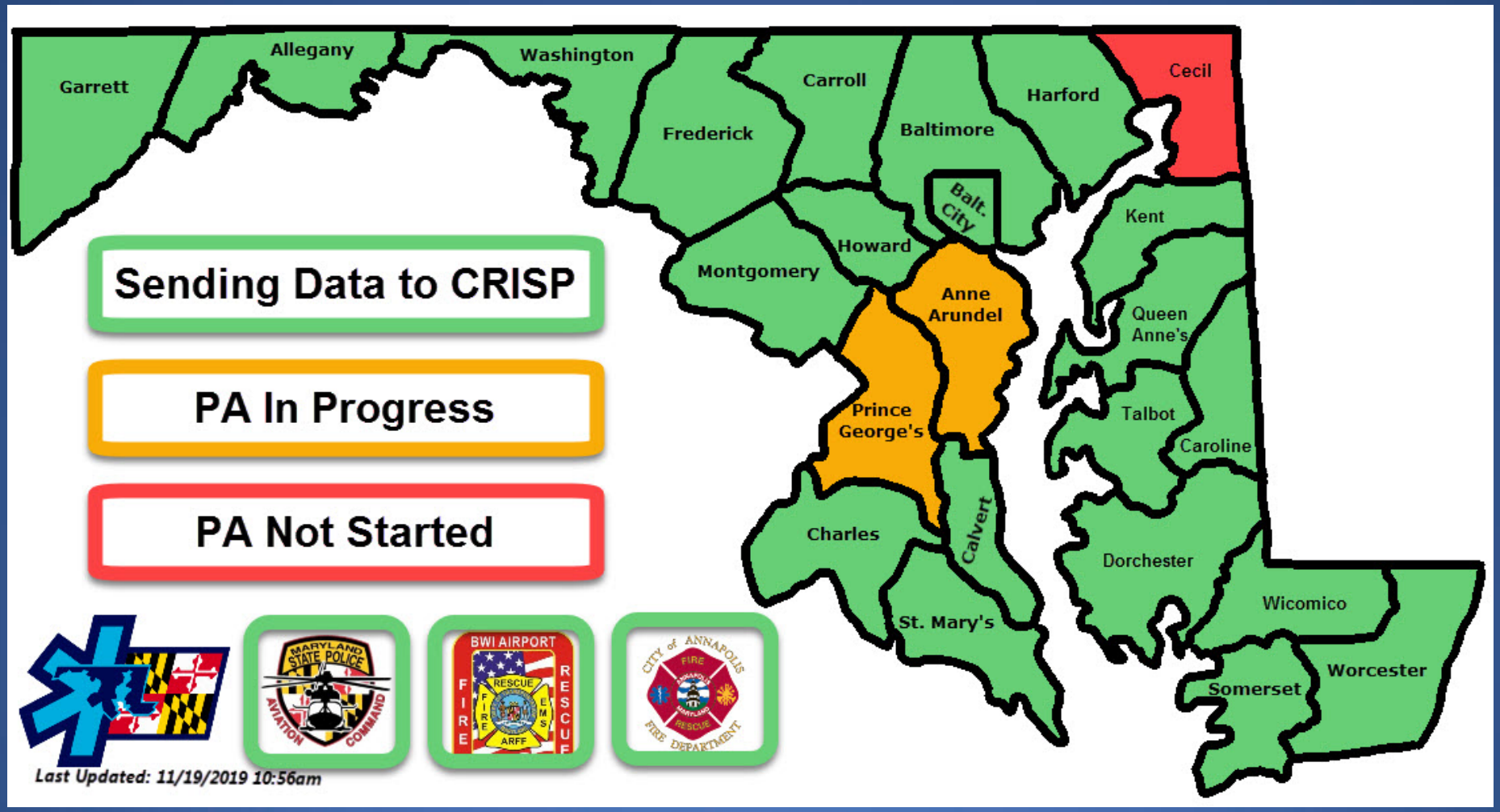
Garrett
Allegany
Washington
Frederick
Carroll
Baltimore
Harford
Cecil
Kent
Balt. City
Howard
Montgomery
Anne Arundel
Queen Anne's
Prince George's
Talbot
Caroline
Charles
Calvert
Dorchester
St. Mary's
Wicomico
Somerset
Worcester
Sending Data to CRISP
PA In Progress
PA Not Started
Last Updated: 11/19/2019 10:56am

Next:

- Expand data elements to emulate completed record
- Export eMEDS report to hospital EMR
  - Designated landing space
  - Fulfill regulatory requirements
- Bi-directional flow
  - EMS to CRISP
  - CRISP to EMS

Thank you!

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